

THIS DEED PREPARED BY:  
NOWAK & NEYMAN, P. C.  
P. O. BOX 567  
HERNANDO, MS 38632  
662-429-7888

TITLE WORK REQUESTED  
NO TITLE PERFORMED

11/21/05 4:08:51  
BK 515 PG 117  
DESOTO COUNTY, MS  
W.E. DAVIS, CH CLERK

SANDY R. DOBBINS,  
GRANTOR

TO

SANDY R. DOBBINS AND WIFE,  
FRANCES M. DOBBINS as tenants  
by the entirety with full rights of  
survivorship and not as tenants  
in common, GRANTEE

QUITCLAIM DEED

For and in consideration of the sum of Ten Dollars (\$10.00) cash in hand paid, and other good and valuable considerations, the receipt and sufficiency of all of which is hereby acknowledged, he, SANDY R. DOBBINS, do hereby sell, convey and quitclaim unto SANDY R. DOBBINS AND WIFE, FRANCES M. DOBBINS as tenants by the entirety with full rights of survivorship and not as tenants in common, all my right, title and interest in and to the land lying and being situated in DeSoto County, Mississippi:

Lot 55, Section "D", Pleasant Grove Subdivision, situated in Section 30,  
Township 1 South, Range 5 West, DeSoto County, Mississippi, as shown  
by plat appearing of record in Plat Book 5, Page 25, Chancery Clerk's  
Office, DeSoto County, Mississippi

By way of information, this is the same property conveyed to Bessie W. Hill and Sandy R. Dobbins as joint tenants with rights of survivorship by Warranty Deed, dated August 8, 1986, and recorded in Deed Book 188, Page 537, in the office of the Chancery Clerk of DeSoto County, Mississippi. On April 21, 1991, Bessie W. Hill departed this life in Houston, Texas, leaving the Grantor, Sandy R. Dobbins, the sole owner of the property. A copy of Bessie W. Hill's death certificate is attached hereto as Exhibit "A".

Possession will be given with delivery of this deed.

WITNESS MY SIGNATURE, this the 21 day of November, 2005.

Sandy R Dobbins  
SANDY R. DOBBINS

STATE OF MISSISSIPPI  
COUNTY OF DESOTO

This day personally appeared before me, the undersigned authority in and for said County and State, the within named, Sandy R. Dobbins, who acknowledged that he signed and delivered the foregoing Quitclaim Deed as his free and voluntary act and deed and for the purposes therein expressed.

Given under my hand and official seal of office, this the 21<sup>st</sup> day of November, 2005.

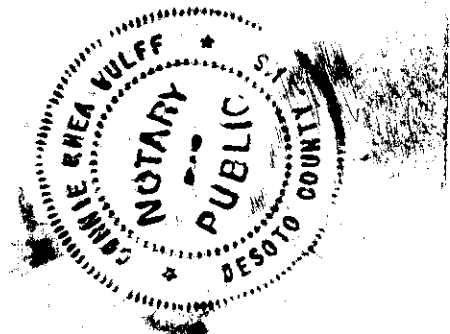
Corrie Rhea Wulff  
NOTARY PUBLIC

My Commission Expires:

June 17, 2007

STATE OF MISSISSIPPI  
COUNTY OF DESOTO

GRANTOR'S ADDRESS: 7339 Polk Lane, Olive Branch, MS 38654  
GRANTOR'S TELEPHONE NUMBER: Home: 662-895-6226 Work: N/A  
GRANTEE'S ADDRESS: 7339 Polk Lane, Olive Branch, MS 38654  
GRANTEE'S TELEPHONE NUMBER: Home: 662-895-6226 Work: N/A



Nowak

# City of Houston, Texas

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NO.

1. NAME OF DECEASED (a) First <b>BESSIE</b>		(b) Middle <b>LEE</b>		(c) Last <b>HILL</b>		(d) Maiden <b>WISINGER</b>		2. SEX <b>FEMALE</b>		3. DATE OF DEATH <b>APRIL 21, 1991</b>	
4. RACE <b>CAUCASIAN</b>		5a. WAS THE DECEASED OF HISPANIC ORIGIN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		5b. IF YES, SPECIFY (Mexican, Cuban, Puerto Rican, etc.)		6. DATE OF BIRTH <b>7-22-1916</b>		7. AGE (In years last birthday) <b>74</b>		8. IF UNDER 1 YEAR Months Days Hours Minutes	
8. SOCIAL SECURITY NUMBER <b>434-18-0247</b>		9a. PLACE OF DEATH (Check only one) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)									
9b. PLACE OF DEATH - COUNTY <b>HARRIS</b>		9c. CITY OR TOWN (If outside city limits, give precinct number) <b>HOUSTON</b>		9d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION <b>MEMORIAL HOSPITAL S. W.</b>				9e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
10. BIRTHPLACE (City and State) <b>GANDY, LOUISIANA</b>		11. CITIZEN OF WHAT COUNTRY? <b>USA</b>		12. WAS DECEASED EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		13. <input type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED		14. SURVIVING SPOUSE (If wife, give maiden name)			
15. DECEASED'S EDUCATION (Highest grade completed) Grades (0-12) <b>12</b> College (1-4 or 5+)		16a. USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>HOMEMAKER</b>		16b. KIND OF BUSINESS OR INDUSTRY <b>HOME</b>							
17a. RESIDENCE - STATE <b>TEXAS</b>		17b. COUNTY <b>HARRIS</b>		17c. CITY OR TOWN (If outside city limits, show rural) ZIP CODE <b>HOUSTON 77027</b>							
17d. STREET ADDRESS (If rural, give location) <b>4718 DEVON STREET</b>											
17e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO											
18. FATHER'S NAME <b>FRANK JACK WISINGER</b>						19. MOTHER'S MAIDEN NAME <b>ADDY CATHERINE TOWNSEND</b>					
20a. SIGNATURE OF INFORMANT <i>[Signature]</i>						20b. MAILING ADDRESS OF INFORMANT (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>5990 RIVERVIEW, HOUSTON, TEXAS 77057</b>					
21. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		22a. DATE OF INJURY (Month, Day, Year)		22b. TIME OF INJURY		22c. INJURY AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		22d. DESCRIBE HOW INJURY OCCURRED			
		22e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		22f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
23a. To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. (Signature and Title) <i>[Signature]</i> <b>Porter Storey, M.D.</b>		23b. DATE SIGNED (Mo., Day, Yr.) <b>4/22/91</b>		23c. HOUR OF DEATH <b>12:50 A M</b>		24a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, and place, and due to the cause(s) and manner as stated. (Signature and Title)					
23d. NAME OF CERTIFYING PHYSICIAN (Type or print) <b>Porter Storey, M.D.</b>		23e. DATE SIGNED (Mo., Day, Yr.)		23f. HOUR OF DEATH		24b. DATE SIGNED (Mo., Day, Yr.)		24c. HOUR OF DEATH			
23g. PRONOUNCED DEAD (Mo., Day, Yr.) <b>CN</b>		23h. PRONOUNCED DEAD (Mo., Day, Yr.)		23i. PRONOUNCED DEAD (Hour)		24d. PRONOUNCED DEAD (Mo., Day, Yr.)		24e. PRONOUNCED DEAD (Hour)			
25. MAILING ADDRESS OF CERTIFIER (Type or Print) <b>6205 Almeda Rd. Houston, Texas 77021</b>											
26a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)				26b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) <b>FOREST PARK WESTHEIMER MAUSOLEUM</b>							
26c. LOCATION - City or Town, State <b>HOUSTON, TEXAS</b>				26d. DATE OF DISPOSITION <b>4-23-91</b>				26e. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>ED W. VOLLMERING</b> <i>[Signature]</i> <b>5724</b>			
26f. NAME AND ADDRESS OF FUNERAL HOME <b>GEO. H. LEWIS &amp; SONS, 1010 BERING DRIVE, HOUSTON, TEXAS 77057</b>											
27a. REGISTRAR'S FILE NO. <b>02 05073</b>		27b. DATE REC'D BY LOCAL REGISTRAR <b>APR. 25, 1991</b>		27c. SIGNATURE OF REGISTRAR <i>[Signature]</i>							

28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line.		Approximate Interval Between Onset and Death	
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <b>SQUAMOUS CELL CARCINOMA OF SOFT PALATE</b>			
Due to (or as a likely consequence of):			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST → b. <b>DUE TO (OR AS A LIKELY CONSEQUENCE OF):</b>			
c. <b>DUE TO (OR AS A LIKELY CONSEQUENCE OF):</b>			
d. <b>DUE TO (OR AS A LIKELY CONSEQUENCE OF):</b>			
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.			
29a. Was decedent pregnant at time of death? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		29b. Was decedent pregnant during the last 12 months? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	
30a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		30b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

WARNING  
The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine of up to \$5,000. (Health and Safety Code, Chapter 678, Sec. 195)

## CERTIFIED COPY OF VITAL RECORDS

STATE OF TEXAS

COUNTY OF HARRIS

DATE ISSUED **APR 25 1991**

This is a true and exact reproduction of the document officially registered and placed on file in the BUREAU OF VITAL STATISTICS, HOUSTON HEALTH AND HUMAN SERVICES DEPARTMENT.

R. W. Hanks, Registrar  
BUREAU OF VITAL STATISTICS

EXHIBIT

This copy not valid unless prepared on engraved LAMINATION MAY VOID CERTIFICATE.

of Registrar.

ANY ALTERATION OR ERASURE

1010707

